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TRISMUS NASCENTIUM.

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THE appropriateness of the title under which the three following cases are reported, may be questioned by some. Whether they are rightly trismus nascentium, or whether the last should not more truly be considered a case of simple idiopathic tetanus, may be a matter worthy of discussion to a certain extent. But in view of the fact that the nomenclature of the disease is almost as varied as the number of cases themselves, and that different authors have adopted different synonyms, that after all the *disease* does not differ in either of the cases, the time at which it made its appearance being the only reason for a change of name, it was thought advisable to bring them together, to class the third, about which there might be some doubt, with the first two, concerning the nomenclature of which there can be no question. By this juxtaposition we at least arrive at one conclusion, that diseases of this kind, tetanic in their nature, lose none of their fatality as they occur at a later period of infancy; at a period of time when the causes which are regarded as the origin of trismus cannot be in operation, and the effect of which must have subsided long before the appearance of the symptoms marking the onset of the attack.

CASE I.—Child of — Robinson. Born April 9th, 1847. Symptoms manifested themselves two or three days after the separation of the cord. Refused the breast, moaned constantly. Respiration difficult and jerking. Body became gradually bent back, throwing the chest forward, with tense abdomen, till at the time of death it was much curved. Died before attendance on mother ceased—about four days duration of disease. Head well. Labor not difficult or long protracted.

CASE II.—July 15th, 1856. Child of — Demerit. Six weeks old. Had been ill some days when first seen. Much emaciated.

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Respiration interrupted, jerking. Quiet at times. Before each paroxysm, much pain. Body bent back very much and very strongly—impossible to bend it forward. Died on the fourth day, from gradual wasting. Treated by anodynes.

CASE III.—Oct. 30th, 1857. Child of — Long, aged four months. Labor had been easy and natural. Was weaned at three months. Healthy. Other children in the family had, at this time, the whooping cough. First symptoms noticed were difficulty in respiration, with cough. Parents supposed it to be lung fever, and gave it oil. First saw it November 2d. Found it lying on mother's lap. Head thrown back. Spine stiff and tending to opisthotonos. Lower extremities not affected—arms thrown up. Thumbs clenched in palms of hands. Respiration not much accelerated. No heat of skin. Pulse natural. Bowels entirely well, urinary functions also. Great apparent pain upon the least movement. May have chloroform lotion to spine, chloroform to inhale, and twenty drops of tincture of scutellaria every three hours.

Nov. 3d.—Spasm of muscles nearly gone. Is now lying in a natural position in mother's arms. Eats freely. Continue treatment.

4th.—Worse—all the symptoms have increased in severity. Begins to look haggard in the face, takes less nourishment, moans a good deal, did not sleep much during the night. Impossible to bend the body forward. Thumbs still clenched in hands. Lower extremities not stiffened. Continue treatment, and add calomel, gr. ij.; ol. ricini, cochl. parv.

5th.—Medicine operated freely and well. No effect upon symptoms. Is evidently growing worse. Last night got some sleep from inhalation of chloroform. Continue treatment. Dr. Buckingham present.

6th.—Much the same. Bowels, after the operation of medicine, well. Opisthotonos perfectly pronounced.

7th.—Same. Dr. G. H. Lyman and Dr. W. W. Morland present. Child thoroughly examined. Rigidity of muscles over the whole trunk. Abdomen tense. Chest much elevated. Spinal muscles tense and plainly seen. Feet somewhat drawn up on the leg. Free motion in the joints, however. Motion causes pain. Heat of surface natural. Pupils a little dilated. Head almost at right angles to trunk. Mouth open. Keeps one finger in mouth almost constantly; sometimes of one hand and sometimes the other. Thumbs still clenched in palms of hands. Bones of skull perfectly in place, no depression of occipital bone. Has taken less food. Chloroform did not produce sleep last night, although inhaled five or six times. Begins to look much emaciated in the face. To have ether (sulphuric) for inhalation.

8th.—No better. Ether produced more quiet than chloroform, but not complete repose. During the night, left shoulder drawn back strongly. Feet drawn up at right angles to the leg, and

rather stiff. No alteration in rigidity of spine. Coughs more, and with more force. May have *R. Nit. acid. dilut.*, ʒii.; aqua—syrup, ʒā ʒ ij. M. A teaspoonful every four hours.

9th.—Much the same. Cough no better. Last night, got the first remission from rigidity she has had, which lasted an hour. During the night, the left shoulder was drawn back. Looks a little better in the face. Continue treatment.

10th.—Dr. Parks present. Child same in general condition. Examined body. Rigidity still strongly marked below the shoulders and spinal muscles. Cough no better. Continue treatment, and add *R. Ext. bellad.*, gr. i.; syrup aurant., ʒ i. M. Half a teaspoonful every two hours. Has not used either the chloroform or ether for inhalation since last visit. Has rested fairly during the night.

11th.—Cough better. Belladonna given regularly. Rigidity less. Countenance more natural. Sits up less erect. Looks much improved.

12th.—Bowels somewhat irregular. Stools green. May have the following. *R. Syrup rhei arom.*, ʒi.; *sal. aerat.*, gr. xx.; syrup aurant., ʒ ss. M. *St. cochl. parv. q. q. horā.* In other respects better, though cough does not seem to have been affected by the acid, and appears to be as bad as ever.

13th.—Better in all respects. Bowels more natural. Rigidity at times entirely gone. Countenance natural. Cough not quite so frequent.

16th.—Apparently well. Cough gone. Discontinue visits.

Feb. 23, 1858, was again seized with similar symptoms, and died March 1st, 1858.

No *post-mortem* examinations were had in either case.

Trismus nascentium is a disease most frequently met with in very hot or very cold climates, in the crowded wards of lying-in hospitals, and in other situations where the same conditions of a vitiated atmosphere prevail, but rarely in private practice. It may appear as an idiopathic disease, and as symptomatic of some lesion of the nervous system. The greatest number of cases recorded as occurring in the same locality, are to be found in the Reports of the Dublin Lying-In Hospital, during the Mastership of Dr. Joseph Clark (*Transactions of the Royal Irish Academy*, Vol. III.), where, at the end of the year 1782, "of 17,650 infants born alive in the Hospital, 2944 had died within the first fortnight, or nearly every sixth child, and that mainly of trismus." The cause of this mortality Dr. Clark conceived to be "first, impure air; second, neglect of keeping the infant clean and dry; and, thirdly, irregularity of living on the part of the mothers, especially the abuse of spirituous liquors." "To the first of these causes, however, the result is mainly due, as the second and third operate with equal force in the dwellings of the poor, without the same fatal effect on the children."

Acting upon what from his own observation he considered to

be the true theory of the disease, Dr. Clark made such alterations in the ventilation of the Hospital as to secure a free circulation of air through the wards, and with complete success: for of 8,033 born subsequently, "only 419 died; that is, about 1 in 19 $\frac{1}{2}$, or from 5 to 6 in 100." Dr. Collins, in commenting upon the above facts, remarks (*Practical Midwifery*, American Edition, p. 312), "I have but little doubt that by *strict adherence to free ventilation*, in conjunction with *extreme vigilance* as to *cleanliness*, so as to entirely destroy and prevent an accumulation of foul or heated air in the wards, this frightful disease may be nearly banished from lying-in hospitals. During my seven years' mastership there were only 37 cases of trismus; of these, 14 occurred the *first* year, 7 the *second*, 3 the *third*, 3 the *fourth*, 3 the *fifth*, 3 the *sixth*, and 4 the *seventh* year. The diminution in the number attacked after the second year, is explained by the additional steps taken to free the wards from impure air. When the very great number of children born in the Hospital is considered, the proportion of deaths from this disease during the above period is inconsiderable, not amounting to more than *one* in 450 for the entire time; but for the last four years, one in 666—a fact strongly corroborative of the statement as to the benefits to be derived from the means of prevention above described." In this view taken by Drs. Clark and Collins, Dr. James Clarke, Dr. Underwood, Dr. Buer and Dr. Labatt coincide. Others, while still maintaining its idiopathic nature, ascribe it to different causes. M. Bajon attributes the prevalence of trismus on the coast of Cayenne to the cold sea wind, as it is unknown in the interior; Dr. Evans, to costiveness.

On the other side, and advocating the symptomatic nature of this disease, we find Dr. Bartram, who attributes it to improper swathing and the application of scorched linen to the navel; Romberg (*Publications of Sydenham Society*, Vol. II., p. 117) and Prof. Colles, who consider that it results from inflammation and ulceration of the umbilical vessels; Dr. J. Marion Sims (*American Jour. of Med. Sciences*, Vol. XI., April, 1846, p. 363 *et seq.*), who attributes it to the pressure of the occipital bone upon the brain, from the habit which prevails to a greater or less extent, of tending children on the back, and thus keeping up a constant pressure in this region; M. Ollivier, Dr. Evory Kennedy, Prof. Doherty, Billaud and M. Maturinski, of Stuttgart, the latter taking the same view of its cause as Prof. Colles.

But little light is thrown upon this disease by studying its pathology. Prof. Churchill, from whose work upon Diseases of Children (Am. Ed., p. 94 *et seq.*) many of the foregoing references were taken, remarks: "it is much easier to determine the predisposing and existing than the proximate causes," and sums up the resumé which he makes of the subject in the following words: "Instead of trying to reconcile these differences of opinion, and to discover one cause for all cases, it appears to me much more

philosophical to admit that there are several which may give rise to the same symptoms. Those conditions which I have first communicated may be divided into centric and eccentric causes, and are very intelligible when explained by the discovery of Dr. Marshall Hall. The irritation from these various sources is conveyed by the excitor nerves, and its effects upon the spinal system are reflected by the motor nerves to the organ affected in the disease; but there is nothing which could lead us to suppose that these effects must result from one local cause only. Whatever may be the exciting cause, there can be doubt that the proximate cause is intense cerebro-spinal irritation, but which leaves no trace of disorganization in the brain or spinal marrow." Dr. Collins (*loc. cit.*, p. 313) says, "From dissection in such cases we have never been able to discover any peculiar morbid appearances which would justify us in offering any explanation of the pathology of this disease." Dr. West (*Lect. on Dis. of Children*, p. 213) found no essential difference in the examinations he made, between the appearances after death in this disease, and what was noticed in other cases where the children died within the same time after birth from ordinary causes. In the two cases mentioned by Billaud (translated by Stewart, p. 489), there was "nothing more than an effusion of a quantity of coagulated blood in the spine. This blood was effused between the two laminæ of the tunica arachnoidea, and filled the whole of the medullary canal, from the medulla oblongata to the sacral region." In view of this he asks, "were the symptoms of tetanus to be ascribed to this hæmorrhage of the spine?" and, in answer, remarks, "I am disposed to think they were." Prof. Colles (*Dublin Hosp. Reports*, Vol. I.) records the results of a large number of *post-mortem* examinations in which the evidences of ulceration and suppuration of the umbilical vessels were constant, the inflammation extending into the peritoneal cavity and involving a great portion of it.

Dr. Labatt, at that time master of the Dublin Lying-In Hospital, published a paper in 1819 (*Ed. Med. and Surg. Journal*, Vol. 15) in which he gives memoranda of nine dissections of infants, six of whom died of trismus. The appearances noted by Prof. Colles as characteristic of the navel in that disease were all absent, while in others, those who did not die of trismus, many of them were present. Dr. J. Marion Sims (*loc. cit.*) found in the case in which he made an examination, the superficial vessels of the brain full of blood, particularly in the posterior portion, while the interior was natural in appearance. A coagulum of blood occupied the whole length of the spine, completely enveloping the medulla spinalis, and thicker as it approached the brain. The spinal vessels were full of black blood. The other organs were healthy, and the umbilicus showed no trace of disease.*

* Romberg (*loc. cit.*, p. 119) in mentioning the *post-mortem* appearances of this disease as stated by various authors, adds: "without expressing any doubts as to the correctness of these reports, it

Enough has here been quoted without by any means exhausting the material, to show how little the pathological appearances can be depended on to determine the nature or cause of the disease. The symptoms which characterized the three cases I have noted were not essentially different from what are found described in treatises upon this disease by various authors. It was ushered in by restlessness, whining, some irregularity of the respiration, often of a jerking character, slight spasms of the facial muscles, and later in its duration there was strong and well-marked opisthotonos and contraction of the flexors of the extremities. The locking of the jaw was not a marked symptom in either of them. In all of them the jerking respiration, restlessness and opisthotonos, with flexure of the hands and feet upon the limbs, were well pronounced. In the second case it would apparently have been impossible to straighten the body without breaking the spine, and during the paroxysm there was evidence of great suffering from pain. Gradual wasting and decline of the vital powers was also noticed in all. Indeed, the fatal result seemed owing to this cause rather than to disease as generally understood. There was no evidence that there was any compression of the thorax in a way to induce asphyxia—a result that often occurs in adults in this disease.

There was but little treatment of an active kind. In the first case, the age of the child forbade it. In the second, the period at which it came under my care rendered it of no use. In the third, whatever was tried was, in the end, of no avail, although for a time it seemed to have checked the disease entirely. The result, however, did not differ from what ordinarily occurs in these cases. The grand conclusion arrived at from a consideration of all the cases I have been able to study, and the concurrent testimony of authors, with perhaps one or two exceptions, that have been consulted, is, that it is of no avail. Dr. Sims, reasoning from a conviction that the source of the evil is in the undue compression of the head during birth, and long-continued pressure of the back part of the brain, arising from the child's being kept constantly on its back, considers the disease to be a "spinal apoplexy." (*Loc. cit.*, p. 366.) His treatment, so far as any is indicated, consists in changing the position and restoring the bones of the head to their proper, normal relation with each other, so far as can be done, supporting the head on a soft pillow, and putting the child on its side. This, however, would not exclude other remedies that might be thought necessary, but seems in his opinion to be most appropriate and promises the greatest amount of success. Of the eight cases reported by him, six died and two recovered. In both the latter a re-placement of the occipital bone was follow-

is necessary, for the due appreciation of the facts, to remind the reader of the considerable amount of congestion existing during the first years of life, both in the osseous and membranous investments of the brain and spinal cord; this will necessarily be increased by convulsive, and more especially by suffocative attacks."

ed by an amelioration of the symptoms in so short a time that it may be fairly inferred to be the result of the change.

If it was the fact in all, that the origin of this affection, as in Dr. Sims's cases, was to be found in the displacement of the cranial bones, there can be but little doubt that their early re-adjustment would go far to remedy and cure the disease. But the records of Dr. Clark prove that, in his cases, it could not have been dependent on a mechanical cause, for the change in the atmospheric conditions of the hospital alone, almost banished trismus from the wards. The cases I have reported can be classed with neither, for in all of them there was no lack of kind and watchful care, combined with every necessary comfort of life and good ventilation, rendering it improbable that the disease was produced by the causes referred to in Dr. Clark's paper; and the length of time which elapsed before it manifested itself in the last two, equally place them out of the category of Dr. Sims's cases.

But while it may be true that the opinion of Dr. Churchill as to the cause of this disease, which has been already quoted, is the only tenable one, there may be instances wherein it may be traced to a direct origin.

When, therefore, symptoms show themselves which indicate the commencement of this intractable malady, if within a few days of birth, the head should be examined with great care, and if any of the bones are displaced they should be re-adjusted without delay. If, on the other hand, the infant has gone along in a healthy condition for a greater length of time, to a period beyond the probable action of such causes, the persevering and judicious use of remedies should be at once commenced, with a trusting hope, alas, too often disappointed, in their efficacy, and the final restoration of the little sufferer to health.

GONORRHOEA AND SYPHILIS—A REVIEW.

[Concluded from page 379.]

At Chapter XVII., the author enters upon the subject of Syphilis. The following points are considered in the course of the chapter: The unity of the syphilitic virus; our ignorance of its intrinsic nature; the rarity of indurated chancre; its solitariness and the deceptive nature of induration; the interval between exposure and morbid manifestations; the abortive treatment of chancre.

Upon none of these departments can we pause to comment. It will suffice to say that they are treated very clearly, and, as we think, judiciously. Where all the topics are important, it would be difficult for us, with our restricted space, to signalize any with much detail. Were we to mention one part rather than another, in this chapter, it would be the portion devoted to the "abortive treatment of chancre." The question when the abortive treat-

ment may be resorted to hopefully and when not, has, of late particularly, been much in dispute. Dr. Durkee sums up his opinion upon this point as follows :

"If the surgeon be consulted within eight or ten days from the appearance of the suspicious lesion, he is justified in resorting to the caustic. Whether the pimple or ulcer possesses all the reputed scientific attributes of a chancre, or not, the caustic should be applied. It cannot do harm. If properly employed, it will occasion a small slough, after which follows a simple healthy sore, that will heal kindly, and thus the surgeon may prevent a life of misery."—(P. 183.)

With a view to the prevention of secondary accidents by the abortive treatment, we should still prefer to see our patient and cauterize his chancre within the *five days*, originally fixed as the safe period by Ricord. But this often cannot be done; and then the surgeon doubtless acts properly to cauterize the chancre even up to ten, or perhaps more, days—whether he should add any constitutional measures to the local treatment, must be left to the discretion of the practitioner in each case. The question is a nice one, and necessitates grave deliberation. Our author is careful to extend all due caution in this respect to his readers; witness the following extract, which opens the eighteenth chapter—devoted to the Constitutional Treatment of Chancre :

"Although the surgeon loses no opportune moment in attempting to annihilate the syphilitic virus by the destruction of the part in which it is believed to be confined, he should not feel safe or justified, in all cases, in dispensing with internal remedies as a prophylactic against constitutional infection.

"The chancre, considered abstractly and by itself, is an affair of small moment. It is the consequences, which may be entailed upon the individual, and of which the chancre is the usual medium, that we are to dread."—(P. 188.)

The subject of Artificial Syphilization is considered in this chapter. Whilst we may feel a sort of admiration for the zeal and perseverance of M. Auzias Turenne, its originator, we have never experienced anything but unqualified disgust at the whole plan, when analyzed; and especially at the openly avowed end held up to view by its enthusiastic votaries, viz., immunity from the syphilitic poison—so that the hardened libertine or the flushed youthful pleasure-seeker may safely pursue Venus Impudica to their hearts' content! This is the ultimate purpose and aim of the procedure; if not, what else is it? M. Boeck, of Christiania, Norway, who seems to have fairly waded through a sea of syphilization, with constantly increasing *sang froid* and confidence, uses the measure both in infants and adults; and asserts that it not only cures, but preserves from, the disease! Science may be cold and formal, let her not be beastly and degrading.

Not to enter into a discussion upon the scientific certainties or probabilities of the proposition, we submit that its moral aspect and relations are enough to condemn it, and thus we drop it—as something that soils the fingers and is offensive to the nose! Our author is even more severe, if possible, than we are, in his condemnation of the measure.

The question of the use of mercury in the constitutional treatment of chancre, is discussed in this chapter; and here we think the train of reasoning logical and the conclusions just. Evidence for and against the *exclusive* "simple treatment" is adduced; and the reader can judge for himself of its value. We think Dr. Durkee has pointed out the right course—the "happy medium"—in regard to this important point; and we believe that every reflecting practitioner will adopt his views. Thus, while he does not banish mercury from the treatment of chancre, he cautions us against its excessive or improper use. Doubtless a very large proportion of the horrible disfigurements and irremediable disease formerly noticed so constantly in syphilitic patients, may rightly be charged to the unwarrantable crowding of the system with the drug spoken of. We now know that not only is it our policy, but our duty, to stop short of salivation when we employ mercurials in the treatment of venereal affections. But we will let Dr. Durkee state the case for us.

"Although I am far from believing that the mercurial preparations justify all that has been advanced in their praise, I am by no means disposed to discard them from the catalogue of our most useful remedies in the treatment of various syphilitic affections. I employ them as valuable and important additions to the simple plan of treatment. I have faith in them; but it is a modification of the faith which, thirty years ago, ruled and misguided medical practice far and wide. For the cure of indurated chancre they are almost indispensable. But great circumspection is demanded in their administration."—(P. 199.)

The mischief wrought by mercurials in cases of non-indurated chancre or ulcer, and in patients of scrofulous or of debilitated constitutions, is next very properly referred to; and, in regard to the extent to which mercury should be employed, we have the following:

"The ultimate point to which we should ever push the use of mercury is, merely to increase the redness of the gums; and this increase in the vascularity of the capillaries of the mucous membrane, should be regarded as a warning to withhold the article entirely for a few days, or else to employ it in very much diminished quantities."—(P. 202.)

We consider the remarks upon the treatment of the different kinds of chancre, as eminently judicious and worthy of attention; and particularly is this the fact in relation to the management of Phagedænic Chancre. On page 237, the author highly recommends the carbonate of ammonia in the treatment of the latter variety of chancre. We can ourselves bear strong testimony to the value of this medicine, and have found the form of administration advised by our author (*loc. cit.*) to be an excellent one, and peculiarly acceptable to patients.

The reader may be referred to pages 238, 239, *et seq.*, up to Chapter XXIII., for graphic descriptions and illustrations of phagedænic disease—these pages affording a favorable specimen of our author's eminently readable style, and of his power of communicating practical information in an available way. The same is

true of the Chapter upon Bubo; and an excellent account is given of a case of "sympathetic bubo," wrongly diagnosticated by an inexperienced practitioner. The mischief which may arise from such a mistake is made very properly prominent.

On page 251, we observe a very just condemnation of the plan, endorsed by Acton, for *compressing* buboes. Nothing, that we can now think of, seems to us more absurd, nor indeed more cruel, than such an inquisitorial procedure. Whether suppuration be established, or not, we conceive the measure to be alike unjustifiable.

Passing over many subjects of importance and interest, we come to one peculiarly deserving the best attention of the practitioner—we refer to the question of the *transmissibility of secondary syphilis*, no primary symptoms having existed. The syphilodermata, we may remark, are considered before broaching this topic, and upon the basis of Wilson's system, in Chapter XXV. We have neither time nor space to descant upon a theme at once so imperfectly understood, and so worthy of the study of every medical man. We commend our author's statements upon this head, in the above chapter and subsequently, to the careful perusal of all who need information upon those affections of the skin rightly termed specific; what he offers is eminently worthy of trust, by reason of his long and constant experience. We must allude to one sign of great value, and which has not, to our knowledge, been made prominent in the diagnosis of syphilitic eruptions, viz., *anæsthesia of the skin*. If this be, as we are told by Dr. Durkee, a constant feature in such cases, it can hardly be over-rated. We shall refer, in passing, to the special descriptions of various syphilitic eruptions furnished by our author in subsequent chapters.

The appearance of secondary without the occurrence of primary symptoms, is, as we have lately said, a question of absorbing importance. No adequate idea can be given, within our limits, of the author's presentation of this subject—which, we feel sure, will be considered one of the most entertaining and valuable portions of his volume. We incline, with him, and others of note—fortunate in our association with such authority—to credit the cases which now and then occur—and of late, it would seem, with greater frequency—where secondary accidents appear, and the primary links of the chain seem never to have existed. Yet we wish to give free expression to our skepticism in many of those instances which, *seemingly*, come under this category. With due deference to our author, therefore, we here take occasion to say, that while most of the examples he offers are doubtless clear and positive, there are two or three which seem to us open to a challenge. Thus, in Case I., we are told—"that this woman ever had primary symptoms in the organs of generation, there was not a particle of evidence." We submit that there is sufficient ground for believing that chancre *might* have existed in this patient, without her knowledge. It is noto-

rious that such a lesion may escape observation in females, even by a physician—frequently its presence is not known to the patients personally. We think this case open to doubt—but we are ready to admit the greatest fairness and honesty in the belief expressed, and that these sentiments were equally entertained by all parties.

Case II. does not seem to us to rest upon a much more reliable basis. The mere avowal of the patient that he never had observed any primary lesion, does not make us quite certain that none ever existed. There is, it is true, more reason to believe this a genuine case, than that of the female previously referred to—but we are hardly willing to join our author in his implicit faith as to the sharpness of observation or the entirely unquestionable veracity of his patient; who, it should be borne in mind, was “a young, unmarried man,” and who “frankly admitted that he had been on intimate terms with sundry girls of the town.” We are inclined to hazard the opinion that certain primary lesions might have escaped his observation, rather, perhaps, on the score of carelessness than through the deliberate intention to deceive his physician. With reluctance, therefore, we feel constrained to leave the element of doubt upon Case II. Case III. strongly tempts us to the same line of remark, but we forbear to examine it, at this juncture, and must abandon any more detailed examination of these cases, with the single assertion that everything, nearly, depends on the physician's personal knowledge of the parties diseased. There are many instances where a patient's narration of facts is enough to satisfy the most distrustful—their “word is as good as gold.” It is evident, however, that many elements of difficulty often enter into the determination of this class of cases. Dr. Durkee, whilst professing himself fully aware of this, is very positive as to the reliability of the evidence afforded by his cases. He also refers (pp. 275–6) to an instance reported by Wilson. The patient was a medical man, and he had apparently no motive either for concealment or deception. He had been abundantly exposed to infection, but “he had never had a symptom of primary disease; that is, nothing that ever attracted his attention, or called for treatment.” Does not the last clause of the foregoing sentence imply at least a slight reservation?

We repeat that there seems, at the present day, to be an amount of rapidly accumulating evidence in favor of the manifestation of secondary symptoms without known or discoverable primary. But the greatest caution is surely demanded before pronouncing in individual cases. The names of Velpeau, Sigmund and Hebra lend strong support to the doctrine.

After stating the opinions of several celebrated authorities, that *lues venerea* may be propagated by means of the seminal fluid, and also by contagion from the blood of an individual affected with secondary symptoms, we have the statements of M. Trousseau

relative to the communication of the disease from the nurse to the infant and *vice versâ*. This portion of the work is replete with interest and importance; and in the same connection, we are glad to observe that our author has introduced (pp. 282 *et seq.*) the report of the discussion upon the "Communicability of Secondary Syphilis" which took place at the meeting of the Boston Society for Medical Improvement, holden Nov. 8th, 1858, and which was published in the Boston Medical and Surgical Journal of Jan. 6th, 1859. We must refer to the text itself for the particulars of the debate—premising that the weight of evidence therein offered by reliable men, is decidedly in favor of the communication of secondary symptoms; somewhat varying opinions, however, were advanced by certain members.

Ricord's doctrine—so long undisputed—that consecutive or constitutional syphilitic phenomena are alone produced by the Hunterian or indurated chancre, must be renounced, as an unfailing rule, if we are to credit the frequent evidences afforded in support of the new propositions we have been considering. In relation to this matter, our author well remarks:—

"In a legal and moral, as well as in a medical point of view, the subject is one that demands close and impartial study. Its investigation is acknowledged to be fraught with difficulties. It is not wholly free from the influences flowing from the schools and the high authority of brilliant names, and it is perhaps impracticable to sever it from such relations. As in many other matters, not susceptible of mathematical demonstration, so in this, the evidence that convinces one man may fail to satisfy another, and thus the question seems likely to remain a mooted point, at least for the present. I consider myself justified, however, in stating here, that in the judgment of a vast majority of the most eminent men in the profession, the communicability of secondary syphilis is a fact as firmly established as is the contagiousness of the poison of indurated chancre. And whatever may be the theoretical notions of the reader on the subject, he will do well, whenever he is called upon to form a diagnosis or to give an opinion in matters of this sort, wherein the health or the character of individuals or parties is at stake, to ponder upon the facts and opinions embraced in this chapter. To ignore them would be unreasonable, unsafe, and unjust."—(P. 290.)

In Chapter XXVII., the consideration of those cutaneous affections which are the *insignia* of constitutional syphilis, is entered upon. We have previously stated that these affections would be taken up by our author in detail; to individualize them, and comment upon each, is not in our power. In regard to the portion of the work devoted to their examination, we can confidently recommend it to all readers and students who desire fresh and reliable information upon the exceedingly important subjects of which it treats. The erythematous, papular, tubercular, squamous and pustular eruptions are all fully discussed. We extract a few paragraphs relating to *lichen syphilitica*, as a favorable specimen of this part of our author's expositions. After having disposed of the exanthematous eruptions, and mentioned the different forms of lichen, he remarks:

"By an easy transition, the elevated papules of lichen, in each of the varieties which it presents, may pass into the tubercular form, which is one of the most

common and important of all the syphilodermata. Very often, the papules are seen in company with pustules, tubercles, or squamæ; or the patient may present himself with the types of nearly all the syphilitic eruptions upon him. The lichen is frequently associated with iritis, nocturnal pains in the large joints, or with some other manifestations of constitutional syphilis. Occasionally, it arises as an accompaniment of the primary symptoms, and, in such cases, is apt to awaken a febrile disturbance for a few days. Sometimes it attacks the prepuce of the male, or the vulva, orifice of the urethra, or clitoris of the female; the external surface of the labia is also frequently dotted over with this eruption. When seated on the organs of generation, it will sometimes excite considerable irritation and soreness of the parts. In some instances, the papules inflame, and minute ulcerations appear upon their apices, which soon become covered with dry, delicate scabs or incrustations. When developed upon the extremities, or upon the inferior portion of the abdomen, this eruption has been erroneously supposed to be a syphilitic form of itch; hence the name of *scabies venerea*, mentioned by some of the older writers. Although there is no such malady as venereal itch, we occasionally meet with the vesicles of simple eczema, mingled with the papules of syphilitic lichen."—(P. 298.)

The directions for the *treatment* of these and kindred affections are ample and judicious—many formulæ being given in the text, whose efficacy the writer has satisfactorily tested. In chronic syphilitic lichen, the iodide of sulphur ointment is spoken of as sometimes effective. The following formula is inserted: *R.* Sulphuris iodidi, \mathfrak{D} ij.; pulveris camphoræ, gr. vi.; olei bergamii, olei lavandulæ, āā gtt. v.; unguenti rosarum, \mathfrak{z} i. M. We can ourselves bear testimony to the power of the iodide of sulphur ointment in certain non-specific as well as specific eruptions. On page 309, Dr. Durkee says, with regard to this medicament:

"A few words more, relative to topical applications to syphilitic lichenoid eruptions. If they assume a chronic character, I generally select the iodide of sulphur ointment, as answering all the purposes to be gained by the employment of greasy substances, a class of remedies which we are to avoid if we can; but which we are glad, on some occasions, to call to our aid."

On page 335, *et seq.*, we have an excellent and full description of the *mucous tubercle*, so frequent and so troublesome a syphilitic manifestation. Its local and constitutional treatment is appropriately detailed.

Farther on, the interesting and very striking phenomena of *rupia syphilitica* are presented and examined. The description is minute and clear; and the remarkably fine delineation of the affection which is placed as a frontispiece to the work, and which illustrates the case given by the author, from his own notes, on page 344, will speak more eloquently than any words of ours. In managing this troublesome disease, the following directions for carrying out proper local treatment are worthy of especial attention:

"The rupial crusts may be removed to advantage, provided this can be done without employing much force; but if they are quite adherent they should not be disturbed. Alkaline baths, and sometimes warm poultices, will promote their detachment; and the indolent ulcers thus brought to view, should be touched with the nitrate of silver, or some other less stimulating substance. Dossils of lint, soaked in a weak solution of nitric acid, or in the potassio-tartrate of iron solution, constitute an appropriate dressing to the sores during the day; and for

the night they will need the protection of some mild, gently stimulating ointment, as that of the nitric oxide of mercury very much diluted."

The accident of *baldness*, after or during syphilitic disease, receives due attention in Chapter XXXII. The directions and prescriptions are many and excellent—some of the latter, the author declares to be "efficacious"—we have known most of the numerous appliances to fail in these cases, and occasionally improvement and restoration to take place. In specific alopecia there would seem to be more chance for the reproduction of the natural covering of the scalp, than there usually is in the other varieties so constantly and widely observed. He would be indeed a fortunate man, no less than a benefactor of his species, who should discover a restorative for crowns (natural, not jewelled) when shorn of their glory! Would that such a discovery could be made—the ruin of a million wig-makers were a trifle, in view of its benefits to the race. We speak feelingly *on this head*—although, personally, we repudiate the *specific element*!

We must pass over the account of several local lesions—such as ulcers on the tongue, in the throat, &c. &c., in reference to the management of all which, good advice will be found in the thirty-third chapter. Our treatment of the topics of the next chapter, must necessarily be the same; its subject is Syphilitic Diseases of the Nostrils and Nasal Fossæ—an important one, and worthy of close study and observation.

Syphilitic Iritis, the subject of the thirty-fifth chapter, commends itself to the best attention of the medical practitioner, alike by the extreme seriousness of the lesion, the necessity for prompt and efficient action, and the important question—what shall the treatment be? It is doubtless familiar to all our readers, that the management of cases of iritis has, of late, been far different—both when the affection is specific and when non-specific—from that which has prevailed all over the world for many years. As a curious and noteworthy fact, we are reminded by our author that syphilitic iritis was once considered to be referrible wholly "to the physiological action of mercury." It is now, and has for a considerable period been attributed to its true source, viz., the poisoned condition of the system through venereal infection. We are indebted to the German oculists for clearly establishing this fact.

Dr. Durkee refers to an instance of specific iritis, wherein recovery ensued under an exclusively *tonic* course, suggested by Dr. Williams, of this city—no mercurials being taken. The excellent and satisfactory paper published some time since by Dr. Williams, and which fully sets forth the success of this method in all kinds of iritis, has been extensively read and thoroughly appreciated by the profession, both in this country and in Europe. We have ourselves tested its efficacy in several instances—specific as well as other—and have no doubt that it will hereafter maintain the as-

cendancy it has so justly acquired—although we by no means would be understood to say, that mercury is never to be employed in specific cases of this nature. The iodide of potassium also very justly figures largely in the list of remedies recognized as peculiarly serviceable in this affection.

The phenomena of Tertiary Syphilis are displayed in Chapter XXXVI.; and the story is an exceedingly interesting one. The iodide of potassium here receives that credit as a remedial agent which it so truly deserves, and which it will doubtless continue to hold. The account of the Tubercula Gummata is at once curious and complete. Their existence in the muscles, and among their tendons, and the consequent interference with the function of these parts, are referred to, and the triumph of the salt just mentioned, over this troublesome condition, is duly chronicled. Dr. Durkee distinctly states that "our chief reliance must be upon the iodide of potassium" in combating the above accidents; and he attributes the failures to cure venereal lesions manifested late in the disease, and which have been often reported, to the indiscriminate employment of the medicine in the secondary and tertiary forms. It is peculiarly in the latter, that its power is manifested.

"In the treatment of primary sores," says Dr. D., "the potassium is of no value. The same is true as regards the *early* stage of secondary eruptions. Cases are recorded, in which this salt has been taken for many months for the cure of pustular and tubercular affections of the skin without any permanent advantage. Sometimes it will suspend or keep under such eruptions for a while, but, as soon as it is omitted, these phenomena will return as severely as ever; and from the numerous trials that have been made with it, it appears to be a well-established fact that its therapeutic qualities are in a direct ratio with the long continuance of the specific symptoms. Experience has now supplied ample proof that under its action, *tertiary* or very *late secondary* ulcerations of the soft tissues heal rapidly, that pains in the bones are relieved or annihilated, that exostoses are totally destroyed, that extensive periostoses are arrested in their progress, that old sequestra are promptly eliminated in very many instances, and that tedious and distressing caries will dry up and cicatrize in a permanent and healthy manner."—(Pp. 395, 396.)

Passing over Syphilitic Sarcocoele (Chapter XXXVII.), we find the Diseases of the Periosteum and Bones thoroughly examined in Chapter XXXVIII. A large portion of this chapter is occupied in setting forth the remedial measures adapted to these annoying and often very persistent lesions. We must refer our readers to the work itself for the very valuable *resumé* of treatment supplied by the author from his own experience, no less than from various reliable sources.

The subject of Infantile Syphilis, which occupies the concluding chapter of the volume, is one of surpassing interest, and which is attracting—as it deserves to—more and more attention in our day. The communication of syphilis from parents to their offspring is now universally recognized; and the direful accidents entailed are a matter for almost daily comment. The frequency of abortion, where syphilitic disease has been communicated to the female by a diseased male, is notorious. Still more disastrous

are those instances where children are brought into the world, infected, and destined to drag out a wretched existence for a few months—possibly for a year or two—and then die, blighted and miserable objects.

We transcribe, from the four hundred and seventeenth page of the work, the singular fact first observed by the late Mr. Colles, of Dublin, in regard to the transmission of syphilitic disease from an infant to its nurses: "An infant, having secondary symptoms at birth, cannot infect its mother's breasts, even if its mouth be ulcerated, although such a child can, and often does, inoculate a strange wet nurse." This seemingly extraordinary and puzzling fact is corroborated by Mr. Hutchinson, of London, who "suggests, in explanation, that in such cases, the mother of the diseased child has already received from it, whilst *in utero*, all the contagion it is capable of conveying. Hence her exemption or immunity."—(*Loc. cit.*)

We must refrain from specifying any more of the many interesting points in this chapter, having already prolonged this article beyond the limits we originally intended for it. The various important topics embraced in the work seem justly to have demanded the attention we have given to them, and such is our excuse—if any be needed—for our somewhat lengthy review. A few considerations upon Syphilis and Pregnancy; and a valuable case bearing upon the transmission of secondary syphilis from the nurse to the child, furnished by Dr. S. L. Abbot, and printed as an Appendix, terminate the volume.*

It only remains for us to say a few words in regard to the *dress* and *ornamentation* of the work.

Of the eight colored plates, representing the various external manifestations of syphilis, we can hardly speak too highly. They were executed by Mr. J. H. Bufford, of this city, and will not suffer by a comparison with the acknowledged first-class specimens to be seen in the celebrated work of Wilson. It is enough to say of them, that they do great credit to the artist, evince the good judgment of the author in selecting the subjects for representation, and furnish a faithful portraiture of the affections they are designed to delineate.

The work is appropriately dedicated to the author's former teacher, Dr. Thomas C. Brinsmade, late President of the Medical Society of the State of New York, and a highly distinguished practitioner of Troy, N. Y. We can testify that the earnest and respectful tribute paid to this gentleman's character, is as well deserved, as it is replete with truth and feeling.

* The question has been once or twice asked of us, and we believe of the author, why a chapter upon Stricture, as a consequence of Gonorrhœa, was not inserted in the work. We are allowed to state that a chapter upon this subject *was* prepared; but, by the advice of good judges, it was not printed—and for the reason that the affection is so fully discussed, not only in monographs, but in nearly every treatise upon surgery. We entirely concur with our author and his advisers in their opinion and action—the book is right, as it is.

The typography, paper, binding and general appearance of the volume are most excellent; and the publisher, Mr. John P. Jewett, of this city, deserves the thanks of the profession for the evident care which has been bestowed upon his department of the undertaking. Our examination of the work has been a very thorough one, and we have observed only a few typographical errors. We need not specify them, as we know that the author has them all in ward, for correction in future. The slight marring of the marginal letters in certain pages of the Preface, and in the Dedication, which we noticed in the copy with which we were complimented, arose, as we are informed, from a mishap to those portions of the stereotype plates, at the last moment. In a large majority of the copies the damage was rectified, so far as possible, after the impression was taken.

We take the liberty of suggesting *Syphiliticæ* and *Syphilitica* as the adjectives to be attached to the titles of Plates VII. and VIII., instead of "Syphilitic." Being, also, somewhat nervous sticklers for the use of the particles in English composition, we had rather see, in another edition, the word *of* inserted between "iodide" and "potassium," two or three times, in the Index. But these are mere trifles, and we should not refer to them, except that it is desirable to see a volume so nearly perfect, entirely so, when opportunity shall offer.

The use of the term "iodide of potash," when iodide of *potassium* is intended (pp. 74, 75) is, of course, a mere *lapsus penæ*; as our author must be aware that the first expression is incorrect, and he doubtless used it wholly by inadvertence. We do not know of any such preparation as the "iodide of potash."

The *formulae* all have the merit of being written out in full and correctly—a very desirable and praiseworthy feature, somewhat rarely met with in the medical publications of our day.

Mr. Jewett has been at the expense of stereotyping the work, as we think wisely. We predict a future use of the plates, sufficient to entirely justify him in such a procedure. Already, symptoms of rapid consumption have attacked the edition just issued; and every practitioner and student who caresto be *au courant* in syphilography, will contribute to the increase of such—in this case—desirable manifestations.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 16, 1859.

PHYSICAL CULTURE.—DR. GEORGE B. WINDSHIP, of Jamaica Plain, whose father is so well known to the physicians of this vicinity, delivered a lecture at the Music Hall, in this city, on Wednesday evening last, on Physical Culture, which demands a notice from us, not only on account of its subject, but that we may put on record the remarkable fact of the lecturer's enormous strength.

Without any artificial assistance, Dr. Windship lifted *nine hundred and twenty-nine pounds*. Eight hundred and twenty-seven pounds were lifted without any great apparent effort, a foot or more from off the floor. Nine hundred and twenty-nine pounds were fairly lifted, a single time, several inches from the floor. The iron plates which he used were weighed before the audience. Dr. Windship stated that this is one hundred and twenty-nine pounds more than there is any record of having ever been lifted before, without artificial assistance. Behen, the Belgian giant, and Topham, an English athlete, have each lifted eight hundred pounds. Two years ago, Dr. W. commenced lifting five hundred pounds, and has gradually reached this present maximum, which he attained about one month ago. Dr. W. also sustained and lifted the weight of his body by his little finger, and by a single hand. He is able to raise his own weight three times in the first-named manner, and twelve times by the latter. He also shouldered a full flour barrel, and performed some remarkable feats of strength with the dumb-bells. Dr. W. is 25 years of age, weighs 143 pounds, and is 5 feet, 7 inches in height.

In forcible and eloquent language, the lecturer urged the importance of pure air and physical culture. He spoke of the ease with which gymnastic exercises could be practised at home; the little time which professional men could devote to them being a feeble argument against their use, for he himself rarely exercised more than half an hour a day. This exercise, however, he added, was *concentrated*, and quite sufficient. No apparatus for exercise was better than the despised dumb-bells—despised only because there is nothing artificial about them—or than a barrel of flour. His own heaviest dumb-bells weigh 140 pounds each.

Dr. Windship spoke with the enthusiasm of a man in the enjoyment of their delights, of the blessings of health, and of his expectations as to the limits to which he should be able to carry his own strength. We hope he will not be tempted to injurious exertion; hitherto, prudence and good judgment seem to have characterized his efforts. In this connection, we would particularly refer to his remarks relative to the reasons why gymnastic exercises are often abandoned, in despair or disgust. It is because beginners undertake too much *at first*, and are too eager to attain to and surpass the prowess and strength of accomplished gymnasts. If they would eschew this ill-advised ambition, and be content to progress gradually, the exercises would be at once delightful and beneficial. Dr. Windship's example is a stimulating one; and with the wise cautions he so properly inculcated, may be followed by every man with profit to himself and to his posterity. Several instances were adduced by the lecturer, of men becoming proficient in gymnastics, and thereby immensely improved in health and strength, who began in middle life, and even long past that period. A slight frame, so far from debarring its owner from engaging in such a course of training, should rather be a motive to pursue it, and thus develope and strengthen the person.

In one portion of the lecture, reference was made, in glowing terms, to the pleasures and advantages to be derived from horticulture; and for this pursuit the gentler sex are as well—perhaps better—suited than the rougher. At all events, *floriculture* is appropriate to the most delicate hands. The good effects of a close communion with external nature upon the moral character no less than upon the physical senses, were appropriately enlarged upon. It was pertinently asked whether a man whose physical powers were cultivated as they should be, and brought to exercise their legitimate influence upon the mind and heart, would be likely to become a drunkard, a debauchee or a gambler? Certainly not, say we.

The discourse abounded with fitting allusions to all those wondrous and beautiful manifestations in the natural world, which lead men, by their contemplation, to acknowledge and adore their great Author.

We take this opportunity to express our thanks to Dr. Windship for his polite attention in abundantly supplying us with tickets to his highly interesting lecture.

Boston, June 4, 1859.

MESSRS. EDITORS,—I stated, in a communication to your JOURNAL respecting the "New" Sydenham Society, which appeared in the issue of March 29th, that further information would be given when the prospectus should be received. The following is a copy of the one issued by the Council of the "New" Society.

The objects to which the NEW SYDENHAM SOCIETY will direct its attention are the following :—

- I. The translating and editing of valuable Foreign Works on Medical Science, as also of important Papers which may have recently appeared in Foreign Journals, Transactions of Societies, &c. These Works, Papers, &c., will be translated in full, and brought out as early as possible after their original publication.
- II. The reproduction of British Works, Lectures, and Papers, which, whilst of great practical value, are out of print or difficult to obtain, excluding the works of living Authors.
- III. A Year-Book of Reports in abstract, of the progress of the different branches of Medical Science, compiled by a Committee.
- IV. Should the funds prove adequate, it is proposed also to prepare volumes of Medical Bibliography and Medical Biography.

It will be observed that the New Sydenham Society aims chiefly at the republication of Modern Works and Papers, especially those of a directly practical class. In order to secure a representation of the wishes and opinions of the general body of Members of the Society, it is proposed that its Council shall always include a certain number of provincial residents, and that its Annual General Meeting, at which the election of Officers and Council will take place, shall be held at the same time and place as the Anniversary Meeting of the British Medical Association.

After careful inquiry into the causes which led to the decline of the late Sydenham Society, it is believed that two of the most important were the expense of its management, and the inefficient means employed for enlisting new members, collecting subscriptions, and issuing books. It is, therefore, proposed, in order to remedy these defects, that the New Sydenham Society shall adopt a system of rigid economy in its management, by which it is believed that at least one-half of the executive expenditure may be saved; and it is further contemplated to enlist a much larger number of Local Secretaries, and to adopt other precautions for ensuring punctuality in all its departments.

The assurances of support already received are so numerous that it is intended that the Society shall commence its operations at once. Its Council, however, earnestly begs of all interested in its prosperity to remember that great success can only be attained by a Society of this kind when the number of its members is very large. The expense of printing 2000 copies of a book is but little more than that of printing 500. It is merely the difference of paper, binding, and a trifle for presswork. It thus becomes the direct interest of every Member to enlist as many additional Members as possible, since, by so doing, he will not only extend the influence of sound Medical Literature, but will increase the number of works to be obtained for his own subscription.

It is earnestly desired that the Society may really meet the wants of the reading part of the Profession, and the Council, therefore, directs especial attention to Law XVIII., by which all Members are invited to propose works, and make suggestions. Much valuable information has already been received from correspondents; and the Council trusts that all who may become Members will freely offer any proposals which they may think worthy of consideration.

The Subscription will be One Guinea annually, payable in advance.

NOTE.—All connected with the Profession, including Students, are eligible as Members: those who may wish to become such will save much trouble by promptly sending in their names to the Secretary.

It will be observed that the subscription constituting a member is ONE GUINEA annually, to be paid in advance. The guinea is equal to £1, 1s, 0d, which is equivalent, at the ordinary rate of exchange, to \$5.25 U. S. Currency. It is desirable, for the best interests of the Society, that the annual payment should be made promptly on or before the first day of January of every year. It is a rule of the Society that no books shall be issued to any member until his subscription for the year has been paid. If the members in this country would observe uniformity and promptness in the payment of their subscriptions, it would save expense and trouble, besides ensuring an early delivery of the books after publication.

The first year of the Society dates its commencement from Jan. 1, 1859. It is hoped that those persons, especially, who have signified their intention to become members, will please to forward their subscriptions at once.

The expenses attending the delivery of the books to me in Boston, will be shared equally by the members. Those members who reside out of the city, or at a distance therefrom, must point out the mode of conveyance by which parcels are to be sent, and the carriage must be paid by the member to whom they are sent. All other expenses must be paid by the persons authorized to receive the parcels, on their delivery by the subscriber.

For the information of those who have not been acquainted with the objects and scope of the "Old" Sydenham Society, or, being acquainted, felt no particular interest in them, I will simply add that the "New" Society differs very considerably in these respects from the "Old." The latter was devoted principally to the re-publication of standard English medical works, selections from the ancient and from the earlier modern authors, and translations of recent foreign works of merit; whereas the "New" Society confines itself mostly to the re-

publication of MODERN WORKS AND PAPERS of a directly practical class. This, it would seem, ought to ensure a more extensive popularity for the "New" Society among the active medical men in our country. The "New" Society, if its plans are fully carried out, will furnish more than treble the amount of medical information of practical value than can be given in any other way for the same amount of pecuniary consideration.

In conclusion, Messrs. Editors, I thank you for allowing me so much space in your JOURNAL, and I trust you will second my efforts in promoting the interests of the "New" Society, for the sake of the profession at large.

Very respectfully yours,

RICHARD H. SALTER,
Hon. Local Secretary.

Middlesex North District Medical Society.—At the recent Annual Meeting of this Society, the following officers were elected for the current year: Jown W. Graves, of Lowell, *President*; Charles A. Savory, of Lowell, *Vice President*; Jonathan Brown, of Tewksbury, *Secretary*; N. B. Edwards, of N. Chelmsford, *Treasurer and Librarian*; Joel Spaulding, of Lowell, *Curator of Cabinet*; John C. Dalton, of Lowell, *Commissioner on Trials*; Hanover Dickey of Lowell, Miles Spaulding of Groton, and Levi Howard of Chelmsford, *Standing Committee*; John W. Graves, John C. Dalton, J. P. Jewett, C. A. Savory, of Lowell, Darius A. Dow of Westford, Luther B. Morse, Hanover Dickey, Joel Spaulding and Ira L. Moore of Lowell, *Councillors*; Nathan Allen, Elisha Huntington, D. Parker Gage, of Lowell, Edward A. Perkins of Tyngsboro' and Hezekiah C. Bickford of Billerica, *Censors*.

Lithotomy.—This operation was performed by Dr. Brainard, on the 10th of May, on a boy three years old, who is at the present time quite recovered. This is the sixteenth operation of Dr. Brainard, and as yet no accident has occurred in any one of them. This small number of cases indicates the great infrequency of urinary calculus in this region, as compared with other States, and particularly Kentucky. The operation preferred is the lateral, or if the stone be very large, the bi-lateral—the neck of the bladder being distended with the bistoury.—*Chicago Medical Journal*.

Resignation of Dr. George B. Wood.—We understand that our announcement of the resignation of Dr. Wood of the chair of Theory and Practice of Medicine in the University of Pennsylvania, has been misapprehended in some quarters. Dr. Wood expects to give another course of lectures on his branch at the University the coming winter, and retire from the chair at the close of that course, which will give the faculty ample time to make choice of a successor.—*Med. and Surg. Reporter*.

Professor Mott.—On Wednesday, June 1, in the operating-room of St. Vincent's Hospital, our great surgeon tied the common carotid artery, for the forty-sixth time, in the human subject. The operation was for fungoid disease of the left side of the face in a private patient, for which, on the 5th of October, the Doctor performed a similar operation on the diseased side, which produced only partial diminution of the tumor.—*N. Y. Medical Press*.

A New Medical College in Mobile.—The *Medical and Surgical Reporter* states that steps are on foot to found a medical college in Mobile, Alabama, and that Dr. Nott, of that city, will soon leave for Europe on business pertaining to the enterprise.

Communications Received.—Use of Tonics in Illinois.—Successful Operation for Vesico-Vaginal Fistula at the Hospital Necker in Paris.—Removal of a Tumor in the Neck.

MARRIED.—In this city, 9th inst., John H. Dix, M.D., to Miss Helen Felham Curtis.—At Almonte, C. W., 10th inst., William Henry Murd, Esq., M.D., of Carleton Place, to Miss Rosalind Rosamond, of Almonte.

Deaths in Boston for the week ending Saturday noon, June 11th, 52. Males, 27—Females, 25.—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 8—convulsions, 2—dropsy, 2—dropsy in the head, 4—infantile diseases, 5—epilepsy, 1—scarlet fever, 1—disease of the hip, 1—homicide, 1—disease of the heart, 2—hemorrhage, 1—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 5—congestion of the lungs, 3—disease of the liver, 2—old age, 1—disease of the spine, 1—suicide, 1—tumor, 1—unknown, 1.—Under 5 years, 17—between 5 and 20 years, 5—between 20 and 40 years, 12—between 40 and 60 years, 15—above 60 years, 3. Born in the United States, 39—Ireland, 10—other places, 3.